2020-2021 Request for Applications (RFA)
for Tobacco Free Recovery Providers

The Indiana Department of Health's Tobacco Prevention and Cessation Commission (TPC) has partnered with the FSSA Division of Mental Health and Addiction to support providers with tobacco treatment strategies. This RFA aligns with the objectives and strategies outlined in the 2020 Indiana Tobacco Control Strategic Plan and the Indiana Leadership Academy's Tobacco Free Recovery and Wellness Action Plan.

Who May Apply:
- DMHA Funded Addiction Providers (priority)
- Community Mental Health Centers
- Community Health Centers*
- Federally Qualified Health Centers*

Must provide services and treatment to the substance use disorder (SUD) and/or behavioral health populations.

To avoid any potential or perceived conflict of interest between TPC grant recipients and tobacco-related entities, TPC has a grant funding condition that requires any grantee shall not accept any funding, grant, gift, or in-kind donation from any tobacco manufacturer, distributor, or other tobacco-related entity during the grant period. TPC reserves the right to correct any errors in and/or omissions in the RFA. Submission of an application does not guarantee a grant with the applicant.

Agency Responsibilities
- Assure participation in TPC training events and technical assistance.
- Respond to periodic information requests in a timely manner.
- Participate in all evaluation and accountability activities.

Overall Requirement: Employee-Focused Healthy Workplace
Employers play an important role in protecting the health and safety of their workforce and their patients. Before an organization embarks on the important work of tobacco treatment and prevention, it is expected that an organizational structure is in place to foster an effective and sustainable tobacco-free culture and environment.

As a part of this process, applicants must demonstrate a commitment to tobacco prevention and cessation through employee-focused benefits to address and support tobacco cessation. If the applicant does not have an employee tobacco-free (including e-cigarettes) benefit incentive or coverage, a commitment to form a benefit incentive and coverage along with an implementation timeline must accompany the application. Offering easily accessible cessation services to employees through onsite employee assistance programs or through health plans creates the expectation for staff that employee wellness is an agency priority. This healthy workplace commitment must include both an education and communication plan for employees to promote tobacco-free living.

TPC Responsibilities
- Provide technical assistance and training throughout the grant via site visits, telephone, written communication, webinar, virtual meetings, electronic materials and resources.
- Provide management support through assigned TPC program staff.

- Communicate current tobacco control events at the international, national, state, and local levels.
- Organizations selected will receive two payments. A start-up payment (half of the award) and a deliverable-based payment after the selected tier strategy (or strategies, if more than one tier is selected) has been completed (remaining balance of the award).

Four-Tier Cessation Systems Strategies

To be eligible for funding, applicants must select at least one tier but have the option to select up to three. The goal of the grant is to develop and expand the applicant's current capacity to promote tobacco cessation. Applicants are not permitted to select strategies that are already established within their center/clinic practices. The tiers are sequential and progressive, intended to be building blocks toward a fully operational tobacco prevention and cessation environment.

TIER 1: PROMOTING TOBACCO-FREE ENVIRONMENTS, INCLUDING E-CIGARETTES

Tobacco-free/Smoke-free air policies not only reduce secondhand smoke and secondhand aerosol exposure; they help encourage those who smoke or vape to quit. Strong, comprehensive clinic/center policies protect everyone and can further decrease all forms of tobacco including smokeless products.

If tier 1 is selected, the following strategies must be addressed in the application:
- Indoor and outdoor tobacco and e-cigarette free signage throughout the clinic/center and grounds.
- Identify staff or smoke/tobacco free taskforce/committee responsible for developing and implementing the smoke/tobacco free policy.
- Build capacity for the targeted clinic/center to educate staff and patients on the benefits of smoke/tobacco free air policies.
- Coordinate messages and activities within the clinic/center to support a smoke/tobacco free environment.
- Provide a copy of the policy with the proposal.

Smoke free (SF) - the use of cigarettes, pipes, and other lit, heated or burning products is prohibited on the property by staff , clients and visitors

Tobacco Free (TF) - the use of cigarettes, pipes ,cigars, ENDS (e-cigarettes, smokeless tobacco, snus and other tobacco products are prohibited by staff, clients and visitors

Secondhand smoke (SHS) - smoke inhaled involuntarily from tobacco being smoked by others

Secondhand aerosol (SHA)- involuntarily inhaled from vapor (e-cig) being vaped by others

TIER 2: ASK-ADVISE-REFER (AAR) INTERVENTIONS FOR TOBACCO USE

Quitting tobacco use is one of the best ways to improve overall health and receiving treatment for tobacco use and dependence approximately doubles individuals' chances of quitting. Tobacco use screening and brief intervention for treatment are effective preventive services with respect to health impact and cost-effectiveness. This brief intervention, Ask-Advise-Refer (AAR) involves the following three steps:

Ask: Asking all clients about their tobacco and nicotine use, including vaping, is essential to addressing overall substance use dependence. Establishing a workflow that will identify all clients who use tobacco is a crucial strategy. Asking about tobacco use should be considered as important as evaluating vital signs or obtaining a medication history. Screening for tobacco/nicotine use and providing tobacco treatment counseling are positively associated with client satisfaction.

Advise: Clients identified as someone use uses tobacco should be strongly advised to quit. At the very least, these clients should be advised to *consider* quitting. The message should be clear and strong, yet personalized and sensitive. Advising clients to quit should be done in a way that shows concern for their well-being and overall treatment needs.

Refer: Direct clients to internal tobacco dependence treatment programs and/or to the Indiana Tobacco Quitline (ITQL). The ITQL is a free and confidential suite of services that help those who use tobacco quit all forms of tobacco, including e-cigarettes. This counseling service offers a variety of services to help throughout the quitting process. Clients who are interested in quitting should be referred to the Quitline, 1-800-QUIT-NOW. To further support the behavioral health population, the ITQL has a comprehensive program where the Quit coaches receive additional training on mental illness and tobacco cessation. The client receives seven pre-arranged coaching calls, 12 weeks of combination nicotine replacement therapy, and access to online and text messaging support.

If tier 2 is selected, the following strategies must be addressed in the application:

- Assist in developing, organizing, and implementing a training plan for clinical staff to use the on the AAR best practice model.
- Incentivize the screening expectation by incorporating it into employee's performance-based tools (as applicable or relevant to employees who have a key role in the screening and treatment process).
- Create a monthly AAR metric based on the center/clinic's census of patients.

TIER 3: TOBACCO DEPENDENCE TREATMENT AND SYSTEMS CHANGE

Integrating tobacco dependence treatment into the clinical setting is essential to promoting overall health. This tier builds on the completion of tier 2, with the hope that creating strong workflow and treatment practices will achieve the systems change necessary for effective tobacco dependence treatment. It is recommended that tobacco dependence treatment includes a combination of counseling and medications.

If tier 3 is selected, applicants must select and implement one or more of the following Tier 3 strategies. A combination of strategies is preferred:

- Implement a protocol that ensures every tobacco user is identified, offered evidence-based treatment (pharmacotherapy and counseling) (including the ITQL) and includes documentation of identification and treatment.
- Provide education, resources, and feedback to promote interventions with clients who use tobacco.
    - On at least an annual basis and during onboarding offer training/technical assistance for staff on evidence based tobacco dependence treatments, current protocols and other available cessation resources, and provide continuing education (CE) credits and/or other incentives for participation (when applicable).
    - Provide and promote resources such as ready access to the ITQL and other community resources, self-help materials, and information about effective tobacco dependence treatment medications.
    - Implement a referral system (fax, electronic, and/or online) to the ITQL as a cessation treatment extender.
- Dedicate staff to support tobacco dependence treatment and recommend assessing the delivery of this treatment in staff performance evaluations (if applicable).
- Designate a tobacco dependence treatment advocate for selected setting(s).

TIER 4: INTEGRATING REFERRALS TO THE INDIANA TOBACCO QUITLINE INTO THE ELECTRONIC HEALTH RECORD

The Indiana Tobacco Quitline service provider provides Quitline EHR (electronic health record) integration, which is an efficient referral provision for clinical treatment settings such as clinics and hospitals. The Indiana Tobacco Quitline service provider has the capacity to receive electronic referrals, including referrals from a variety of EHR systems, provided that referring entities have the technology to support the sharing of data using HIPAA-approved methods. The integration process supports referrals from EHR systems via fax, secure email, or secure FTP site. The integration of the Quitline can be accomplished through either the HL7 or SFTP file formats. The benefit of EHR integration is to provide less touch points and fewer referral errors. HL7 referrals are made in real-time, and SFTP referrals are batched.
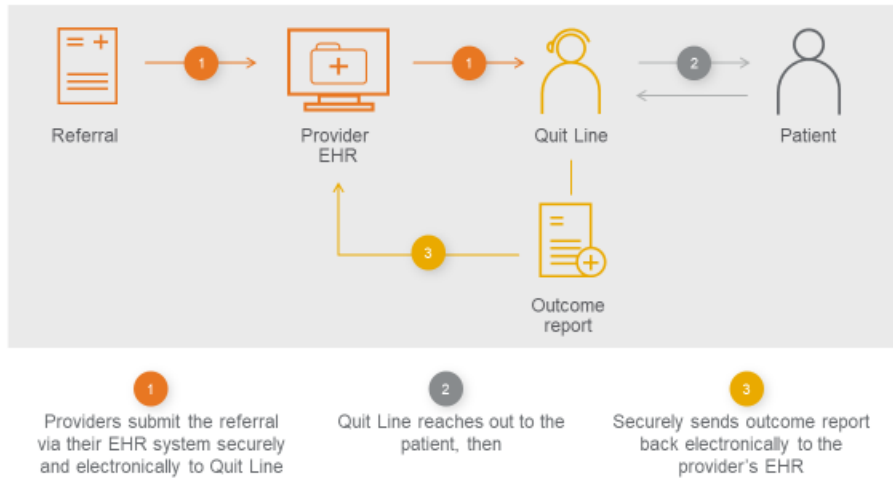
Referral outcome information is provided back to referring providers via secure email (in PDF format), secure FTP site, or via paper fax. Providers can also export outcomes information electronically from our database for import back into the participant's EMR. The Indiana Tobacco Quitline service provider has the capability to utilize both HL7 V2.X and 3.X for bidirectional referrals.

If tier 4 is selected, all the following strategies must be addressed:

- Establish an integration support team to include the agency's IT staff and clinicians to work with the service provider to select the compatible pathway to build a portal in the EHR. This team will work through the building, testing, and production phases of integration.
- Develop a training plan for staff who make referrals. Specially, train on the Ask-Advise-Refer (AAR) best practice model, Indiana Tobacco Quitline Services Suite, QuitNowIndiana website, and the process of making referrals electronically.
- Establish a SMART goal for monthly referrals after the integration process is complete.

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- Create a strategy plan delineating how the EHR referral goals will be met.

Round-trip electronic referrals

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Providers submit the referral via their EHR system securely and electronically to Quit Line	Quit Line reaches out to the patient, then	Securely sends outcome report back electronically to the provider's EHR

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Funding Level
The funding period is from December 1, 2020 - September 30, 2021. The total funding allocation for each applicant will be based on the tier(s) selected. As a reminder, the tiers are intended to be both progressive and sequential. If you have current polices that fit the description for the tier, they must be submitted with your application for review.
Tier 1: $10,000
Tier 2: $10,000
Tier 3: $25,000
Tier 4: $15,000

Applicants may submit strategies for up to 3 tiers. Tiers must be selected in sequential order. If an agency achieved a tier previously then their proposal must include documentation demonstrating the completion of that tier according to the strategy descriptions provided.

The grant award will vary based on need, program model, and available funding. It is the intention of TPC to award several grants with this call for applications.

Program and fiscal accountability
The selected organizations will identify a grant lead or team to work closely with designated technical assistance organizations; they will meet monthly and will provide a quarterly program report. **Funds will be paid to the Lead Agency twice during the life of the grant upon receipt of invoice and in compliance with program reports.**

How to Apply
Applications should be submitted to TPC in accordance with the guidelines provided in this announcement.

- **The due date for applications is November 6, 2020, by midnight EST.**
- **The application must be submitted electronically ONLY to TPCApplications@isdh.in.gov**

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Technical Assistance with Applications
Applicants should submit questions to regsmith@isdh.in.gov, by 4:00pm on *October 19, 2020.* All questions and answers will be posted on *October 23, 2020* on the TPC/ISDH website at https://www.in.gov/isdh/tpc/2348.htm.

The application must include:

❑ *Application Cover Sheet* (Form included in this document)

❑ *Scope of Work* – Bullet pointed summary of project deliverables to address the tier strategy(ies) selected.

❑ A limited number of items may be included in an Appendix including a letter of commitment from the CEO and relevant staff biographies and resumes.

*The following **bolded** heads can be included as a single, separate attachment within the electronic submission in any format that is preferred (i.e. Microsoft Word, PDF, Excel spreadsheet).*

Organizational Readiness and Statement of Need:
The proposal should:
❑ Provide evidence of organizational experience and commitment to this project.
❑ Describe the organization's client population.
❑ Include a review of current tobacco cessation or prevention needs relevant to the proposed tiered strategies and a description of the targeted population.
❑ Demonstrate the applicant's ability to implement the selected tiered strategies.

Soundness of proposed plan, strategy, activities, and dates
The proposal should:
❑ Include a timeline of the tiered strategy and expected outcomes.
❑ Demonstrate organization's current services and likelihood for a sustainable effort toward tobacco cessation related strategies after the grant period.
❑ Provide copy of current tobacco free policies

Review Process
All applications submitted will undergo a review process by TPC staff and review by a team of state and national experts.

Declaration
It is TPC policy that any organization or individual receiving funding from TPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry.

The TPC may seek additional information from an applicant prior to or during the review of the application.

The TPC reserves the right to negotiate a modification of the proposed work plan and/or budget and will award funds after agreement has been reached.